

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/569001

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		(1)				
7		(1)				
8		(1)				
9	1					
10		1				
11		1				
12		5				
13	1					
14	1					
15	1					
16	1					
17		1				
18	1					
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50						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						